

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 830900 RECEIPT DATE: 05 / 02 / 01
IA NUMBER: PCT/ US99 / 26991 IA FILING DATE: 11 / 12 / 99
FAMILY NAME: COOPER DELAY WAIVED (Y/N): Y
GIVEN NAME: JEFFREY ALLEN DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 11 / 13 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: RCA 89269 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX

NAME: MR JOSEPH S TRIPOLI
THOMSON MULTIMEDIA LICENSING
STREET: P O BOX 5312

CITY: PRINCETON
STATE/COUNTRY: NJ ZIP: 08540
EMAIL:
APPLICATION TITLES:
STORAGE MEDIUM FOR DIGITAL TELEVISION SIGNAL

TAB TO LAST POSITION, PUSH SEND



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COMMISSIONER FOR PATENTS
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 WASHINGTON, D.C. 20231
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CONFIRMATION NO. 5343

Bib Data Sheet

SERIAL NUMBER 09/830,900	FILING DATE 05/02/2001 RULE	CLASS 348	GROUP ART UNIT 2614	ATTORNEY DOCKET NO. RCA89269
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APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/US99/26991 11/12/1999

** FOREIGN APPLICATIONS *****

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IN	6	11	1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Joseph S Tripoli
 Thomson Multimedia Licensing Inc
 PO Box 5312
 Princeton , NJ 08540

TITLE

Storage medium for digital television signal

FILING FEE RECEIVED 1058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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